**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent No.

: 6,979,309

Serial No.

10/041,949

Filed on

1/7/02

Title of the Invention

SYSTEMS AND METHODS FOR PERFORMING BLOOD

PROCESSING AND/OR FLUID EXCHANGE PROCEDURES

Confirmation No.

5362

Atty Docket

T4342-14198US32

Mail Stop Petition Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## PETITION UNDER 37 CFR 1.28 (c)

Sir:

This is a petition to pay additional fees which were erroneously paid as a small entity. Attached is a Declaration of Change of Entity Status under 1.27(g). The following is an itemization of:

- (A) the particular type of fee that was erroneously paid as a small entity along with the current fee amount for a non-small entity;
  - (B) the small entity fee actually paid and when.
  - (C) the deficiency owed amount
  - (D) the total deficiency payment owed

(A)	(B)	(C)	
Type of fee	Current non SE fee	Fee paid	Deficiency
Maintenance Fee, 4th Yr. (3-June-2009)	980.00	490.00	490.00
		(D) Total	490.00

The Commissioner is hereby authorized to charge Deposit Account No. 501165 for the total deficiency of \$490.00 which is owed.

Adjustment date: 04/26/2010 CKHLOK 11/04/2009 INTEFSW 00001541 501165 01 FC:1464 130.00 CK

10041949

Respectfully submitted,

MILES & STOCKBRIDGE, PC Attorneys for Applicant(s)

Date: November 3, 2009

MILES & STOCKBRIDGE, PC 1751 Pinnacle Dr Suite 500 McLean, VA 22102 Tel: (703) 903-9000 Mark A. Catan Reg. No. 38,720

## Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: 04/22/10 2 Seria			al/Pa	al/Patent #10041949				
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	D 6 AMOUNT			
Filing					\$			
Amendment					\$			
Extension of Time					\$			
	Notice of Appeal/Appeal					\$		
Х	Petition		no	ne	11/03/09	\$ 130.00		
	Issue					\$		
	Cert of Correction/Terminal Disc.					\$		
	Maintenance					\$		
	Assignment					\$		
	Other					\$		
			7 TOTAL AMOUNT OF REFUND			\$ 130.00		
			8 TO	8 TO BE REFUNDED BY:				
10 RE.	ASON:			Treasury Check				
	Overpayment		Credit Deposit A/C #:					
	Duplicate Payment			9 5 0 1 1 6 5				
Х	No Fee Due (Explanation):							
Rule	e 1.28(c) petitions do not carry a fee.			-	· · · · · · · · · · · · · · · · · · ·			
				-		-		
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: Paul Shanoski			T	TITLE:	Senior Attorney			
SIGNATURE: /Paul Shanoski/		•	P	HONE:	571-272-3225			
OFFICE: Office of Petitions								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: DATE:								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)